

ACE Unit 3: Confidential Financial Disclosure and Outside Activities Approval

To: Ethics@amh.gov

From: Rory Singh-Smith

CC: Naomi Guzman

Date: May 7, 2024

Subject: Naomi's 450

Dear Ethics Team,

I took a quick look at Naomi's 450. I didn't have any serious concerns, but I did want to flag a few things.

1. DocuSign is a major stakeholder for our digital health initiative that Naomi is involved with. I guess it is good she no longer works there.
3. Not sure what FDHT is, so I didn't review that.
4. I know our IT folks are talking about moving to the cloud and Amazon is potential vendor. I don't think Naomi would be involved, but you never know.
5. I know from training we have a policy for outside jobs. I don't know how that works, but let me know if you need anything from me.

Best,

Rory

To: Ethics@amh.gov

From: Naomi Guzman

CC: Rory Singh-Smith

Date: May 7, 2024

Subject: My OGE form 450

Please find attached my OGE form 450.

Tx,

N

To: Ethics@amh.gov

From: Naomi Guzman

CC: Rory Singh-Smith

Date: May 7, 2024

Subject: My OGE form 450

Please find attached my OGE form 450.

Tx,

N

To: Naomi Guzman

From: Ethics@amh.gov

CC: Rory Singh-Smith

Date: April 30, 2024

Subject: Reminder: Filing your Confidential Financial Disclosure Report

Dear Naomi,

We'd really like to finish your ethics in-processing. If you could complete your OGE form 450 as soon as possible, that would be a great help. When you send it in, please CC Rory so he can conduct the intermediate supervisory review.

You can download the form here:

[https://www.oge.gov/web/OGE.nsf/0/072B8F6679028547852585B6005A2051/\\$FILE/OGE%20Form%20450%20Nov%202021.pdf](https://www.oge.gov/web/OGE.nsf/0/072B8F6679028547852585B6005A2051/$FILE/OGE%20Form%20450%20Nov%202021.pdf)

If you have any questions, feel free to reach out to any of the ethics team.

Thank you for your cooperation.

Deborah Ortiz

Designated Agency Ethics Official

Agency on Mental Health

To: Naomi Guzman

From: Ethics@amh.gov

CC: Rory Singh-Smith

Date: April 24, 2024

Subject: Overdue: Filing your OGE form 450

Dear N. Guzman

You are required by 5 CFR 2634 to file an OGE form 450 as a condition of your employment. Your form is overdue.

You can download the form here:

[https://www.oge.gov/web/OGE.nsf/0/072B8F6679028547852585B6005A2051/\\$FILE/OGE%20Form%20450%20Nov%202021.pdf](https://www.oge.gov/web/OGE.nsf/0/072B8F6679028547852585B6005A2051/$FILE/OGE%20Form%20450%20Nov%202021.pdf)

To: Naomi Guzman

From: Ethics@amh.gov

Date: April 13, 2024

Subject: Overdue: Filing your OGE form 450

Dear N. Guzman

You are required by 5 CFR 2634 to file an OGE form 450 as a condition of your employment. Your report is overdue.

You can download the form here:

[https://www.oge.gov/web/OGE.nsf/0/072B8F6679028547852585B6005A2051/\\$FILE/OGE%20Form%20450%20Nov%202021.pdf](https://www.oge.gov/web/OGE.nsf/0/072B8F6679028547852585B6005A2051/$FILE/OGE%20Form%20450%20Nov%202021.pdf)

To: Naomi Guzman

From: Ethics@amh.gov

Date: March 27, 2024

Subject: Reminder: Filing your OGE form 450

Dear N. Guzman

You are required by 5 CFR 2634 to file an OGE form 450 as a condition of your employment. You have 1 days to file the report.

You can download the form here:

[https://www.oge.gov/web/OGE.nsf/0/072B8F6679028547852585B6005A2051/\\$FILE/OGE%20Form%20450%20Nov%202021.pdf](https://www.oge.gov/web/OGE.nsf/0/072B8F6679028547852585B6005A2051/$FILE/OGE%20Form%20450%20Nov%202021.pdf)

To: Naomi Guzman

From: Ethics@amh.gov

Date: March 12, 2024

Subject: Reminder: Filing your OGE form 450

Dear N. Guzman

You are required by 5 CFR 2634 to file an OGE form 450 as a condition of your employment. You have 15 days to file the report.

You can download the form here:

[https://www.oge.gov/web/OGE.nsf/0/072B8F6679028547852585B6005A2051/\\$FILE/OGE%20Form%20450%20Nov%202021.pdf](https://www.oge.gov/web/OGE.nsf/0/072B8F6679028547852585B6005A2051/$FILE/OGE%20Form%20450%20Nov%202021.pdf)

To: Naomi Guzman

From: Ethics@amh.gov

Date: February 27, 2024

Subject: Filing your OGE form 450

Dear N. Guzman,

You are required by 5 CFR 2634 to file an OGE form 450 as a condition of your employment. You have 30 days to file the report.

You can download the form here:

[https://www.oge.gov/web/OGE.nsf/0/072B8F6679028547852585B6005A2051/\\$FILE/OGE%20Form%20450%20Nov%202021.pdf](https://www.oge.gov/web/OGE.nsf/0/072B8F6679028547852585B6005A2051/$FILE/OGE%20Form%20450%20Nov%202021.pdf)

Date Received by Agency
May 7, 2024

Page Number

CONFIDENTIAL FINANCIAL DISCLOSURE REPORT

Executive Branch

Employee's Name (Print last, first, middle initial) Naomi Guzman		E-mail Address nguzma@amh.gov	
Position/Title Chief, Medical Information Security			Grade GS-15
Agency Agency on Mental Health		Branch/Unit and Address 1234 Main Street, Washington, DC 20001	
Work Phone 555-555-5555	Reporting Status New Entrant <input checked="" type="checkbox"/> Annual <input type="checkbox"/>		If New Entrant, Date of Appointment to Position (mm/dd/yy) 1/23/24
Check box if Special Government Employee (SGE) <input type="checkbox"/>	An SGE is an executive branch officer or employee who is retained, designated, appointed, or employed to perform temporary duties either on a full-time or intermittent basis, with or without compensation, for a period not to exceed 130 days during any consecutive 365-day period.		
If an SGE, Mailing Address (Number, Street, City, State, ZIP Code)			

Step 1: Read the instructions for Parts I through V on the following pages.

Step 2: For each statement below, check Yes or No to describe your situation.

I. I have reportable assets or sources of income for myself, my spouse, or my dependent children.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
II. I have reportable liabilities (debts) for myself, my spouse, or my dependent children.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
III. I have reportable outside positions for myself.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
IV. I have reportable agreements or arrangements for myself.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
NOTE: Statement V is for <u>annual</u> filers only. It does not apply to new entrants and SGEs.		
V. I have reportable gifts or travel reimbursements for myself, my spouse, or my dependent children.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Step 3: If you selected Yes for any statement, you must describe the reportable interests that you have in the corresponding Part (I, II, III, IV, or V) of the form.

Step 4: Sign and date the form.

Step 5: Submit the completed form to your ethics office.

I certify that the statements I have made on this form and all attached statements are true, complete, and correct to the best of my knowledge.

Signature of Employee <i>Naomi Guzman</i>	Date (mm/dd/yy) 4/25/24
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FOR REVIEWERS' USE ONLY:

On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations, except as noted in the "comments" box below.	
Signature and Title of Supervisor/Other Intermediate Reviewer (if required by the agency)	Date (mm/dd/yy)
E-mail Address	Phone Number
Signature and Title of Agency's Final Reviewing Official	Date (mm/dd/yy)
Comments of Reviewing Officials	
(Check box if continued on additional page <input type="checkbox"/>)	

Employee's Name (<i>Print last, first, middle initial</i>) Naomi Guzman	Page Number
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Part I: Assets and Income

Report for Yourself, Spouse, and Dependent Child:	Do Not Report:
<ul style="list-style-type: none"> Assets held for investment or the production of income that ended the reporting period with a value greater than \$1,000. In addition, annual filers must report assets from which more than \$1,000 in income was received during the reporting period. Reportable assets include, but are not limited to: <ul style="list-style-type: none"> Assets such as stocks, bonds, annuities, trust holdings, partnership interests, life insurance, investment real estate, or a privately-held trade or business Sector mutual funds: those funds invested in a particular industry, business, or location, such as ABC Electronics Fund or XYZ Canada Fund (report the full name of the fund, not just the family fund name) Holdings of retirement plans, such as 401(k)s or IRAs, investment life insurance, or variable annuities (report each holding unless listed in the Do Not Report section) Defined benefit pension plans provided by a former employer (include the name of the employer) 	<ul style="list-style-type: none"> Federal Government retirement benefits Thrift Savings Plan Certificates of deposit, savings or checking accounts Term life insurance Money market mutual funds and money market accounts Your personal residence, unless you rent it out U.S. Government Treasury bonds, bills, notes, and savings bonds Diversified mutual funds, such as ABC Equity Value Fund or XYZ Large Capital Fund Diversified funds within an employee benefit plan Money owed to you, your spouse, or dependent child by a spouse, parent, sibling, or child
Also Report:	Do Not Report:
<ul style="list-style-type: none"> <u>For yourself:</u> (1) all sources of salary, fees, commissions, and other earned income greater than \$1,000, (2) honoraria greater than \$1,000, and (3) other non-investment income such as scholarships, prizes, and gambling income greater than \$1,000 <u>For your spouse:</u> (1) all sources of salary, fees, commissions, and other earned income greater than \$1,000, and (2) honoraria greater than \$1,000 	<ul style="list-style-type: none"> Dependent child's earned income Veterans' benefits Federal Government salary Social Security benefits

Important Definitions

Diversified Mutual Fund – A mutual fund that does not have a stated policy of concentrating its investments in one industry, business, or single country other than the United States.
Sector Mutual Fund – A mutual fund that concentrates its investments in an industry, business, single country other than the United States, or bonds of a single state within the United States.
Diversified Fund within an Employee Benefit Plan – An employee benefit plan fund that has a written policy of varying investments without concentration in one industry, business, or single country other than the United States.
Dependent Child – A son, daughter, stepson or stepdaughter who is either unmarried and under age 21 and living in the filer's house, or considered dependent under the U.S. tax code.

Reportable Information – Go to the last page to see examples of how to report assets and income.

Specific stock, bond, sector mutual fund, type/location of real estate, etc. (<i>Indicate the full name of each specific asset or investment. You may add the ticker symbol to the full name.</i>) Name of Employer or Business; Source of Fees, Commissions, or Honoraria (<i>Include brief description.</i>) You may distinguish any entry for a family member by preceding it with S for spouse, DC for dependent child, or J for jointly held.	No longer held
¹ DocuSign (salary)	<input checked="" type="checkbox"/>
² FDHT	<input type="checkbox"/>
³ Alphabet (GOOGL)	<input type="checkbox"/>
⁴ AMZN	<input type="checkbox"/>
⁵ ASA (fees)	<input type="checkbox"/>

Employee's Name (<i>Print last, first, middle initial</i>)	Page Number
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Part I: Assets and Income
Continuation Page

Specific stock, bond, sector mutual fund, type/location of real estate, etc. (<i>Indicate the full name of each specific asset or investment. You may add the ticker symbol to the full name.</i>) Name of Employer or Business; Source of Fees, Commissions, or Honoraria (<i>Include brief description.</i>) You may distinguish any entry for a family member by preceding it with S for spouse, DC for dependent child, or J for jointly held.	No longer held
1	<input type="checkbox"/>
2	<input type="checkbox"/>
3	<input type="checkbox"/>
4	<input type="checkbox"/>
5	<input type="checkbox"/>
6	<input type="checkbox"/>
7	<input type="checkbox"/>
8	<input type="checkbox"/>
9	<input type="checkbox"/>
10	<input type="checkbox"/>
11	<input type="checkbox"/>
12	<input type="checkbox"/>
13	<input type="checkbox"/>
14	<input type="checkbox"/>
15	<input type="checkbox"/>
16	<input type="checkbox"/>
17	<input type="checkbox"/>
18	<input type="checkbox"/>
19	<input type="checkbox"/>
20	<input type="checkbox"/>

Employee's Name (<i>Print last, first, middle initial</i>)	Page Number
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Part II: Liabilities

Report for Yourself, Spouse, and Dependent Child:	Do Not Report:
<ul style="list-style-type: none"> If you are a new entrant filer, liabilities that exceeded \$10,000 at the end of the reporting period If you are an annual filer, liabilities that exceeded \$10,000 during the reporting period 	<ul style="list-style-type: none"> Any liability, such as a mortgage, a student loan, or a credit card account, from a financial institution or business entity granted on terms made available to the general public Loans secured by automobiles, household furniture, or appliances, unless the loan exceeds the purchase price of the item it secures Liabilities that you owe to your spouse or to the parent, sibling, or child of you, your spouse, or your dependent child

Reportable Information – Go to the last page to see examples of how to report liabilities.

Name of creditor (<i>include city and state where creditor is located</i>)	Type of liability (<i>personal loan, margin account, etc.</i>)
1	
2	

Part III: Outside Positions

Report for Yourself:	Do Not Report:
<ul style="list-style-type: none"> All positions outside the U.S. Government held at any time during the reporting period, whether or not you were compensated and whether or not you currently hold that position. Positions include an officer, director, employee, trustee, general partner, proprietor, representative, executor, or consultant of any of the following: <ul style="list-style-type: none"> Corporation, partnership, trust, or other business entity Non-profit or volunteer organization Educational institution State or Local Government 	<ul style="list-style-type: none"> Any position with a <ul style="list-style-type: none"> Religious entity Social entity Fraternal entity Political entity Any position held by your spouse or dependent child Any position that you hold as part of your official duties

Reportable Information – Go to the last page to see examples of how to report outside positions.

Organization (<i>include city and state where organization is located</i>)	Type of organization	Position	No longer held
1 DocuSign	Technology Corporation	Marketing Liason, Medical Stakeholders	<input checked="" type="checkbox"/>
2 Autism Society of America	Non-Profit	Consultant	<input type="checkbox"/>
3			<input type="checkbox"/>
4			<input type="checkbox"/>
5			<input type="checkbox"/>
6			<input type="checkbox"/>

Employee's Name (<i>Print last, first, middle initial</i>) Naomi Guzman	Page Number
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Part IV: Agreements or Arrangements

Report Your Agreements or Arrangements for:	Do Not Report:
<ul style="list-style-type: none"> Continuing participation in an employee pension or benefit plan maintained by a current or former employer A leave of absence Future employment, including date you accepted employment offer Continuation of payment by a current or former employer (including severance payments) 	<ul style="list-style-type: none"> Any agreement or arrangement related to your employment by the Federal Government Spouse's and dependent child's agreements or arrangements Continuing participation in a defined contribution plan, such as a 401(k) plan, to which an employer is no longer making contributions

Reportable Information – Go to the last page to see examples of how to report agreements and arrangements.

Entity with which you have an agreement or arrangement (<i>include city and state where entity is located</i>)	Terms of Agreement or Arrangement
¹ DocuSign	I maintain a 401(k) from my former employer. DocuSign no longer makes contributions.
²	
³	
⁴	

Part V: Gifts and Travel Reimbursements

Fill out this part only if you are filing an Annual Report. If you are a new entrant or an SGE, skip this part.

Report for Yourself, Spouse, and Dependent Child:	Do Not Report:
<ul style="list-style-type: none"> Any gifts or travel reimbursements (items such as lodging, transportation, and food) totaling more than \$415* from any one source during the reporting period; include where you traveled, the purpose, and date(s) of the trip for travel gifts and reimbursements <p>*If you received more than one gift from one source:</p> <ol style="list-style-type: none"> Determine the value of each item you received from that source Ignore each item valued at \$166 or less Add the value of those items valued at more than \$166; if the total is more than \$415, then you must list those items on this form 	<ul style="list-style-type: none"> Anything received from relatives, the U.S. Government, D.C., state, or local governments Bequests and other forms of inheritance Gifts and travel reimbursements given to your agency in connection with your official travel Gifts of hospitality (food, lodging, entertainment) at the donor's residence or personal premises Anything received by your spouse or dependent child totally independent of their relationship to you

Reportable Information – Go to the last page to see examples of how to report gifts and travel reimbursements.

Source	Description
¹	
²	
³	

OGE Form 450 Review Worksheet for Naomi Guzman Exercise

Part I: Assets/Income	Questions/More Information	Substantive Issues/Remedies
DocuSign (salary)		
FDHT		
Alphabet (GOOGL)		
AMZN		
Part II Liabilities	Questions/More Information	Substantive Issues
Part III Outside Positions	Questions/More Information	Substantive Issues
DocuSign		
Autism Society of America		

Part IV Agreements and Arrangements	Questions/More Information	Substantive Issues
DocuSign 401k		
Part V Gifts and Reimbursements	Questions/More Information	Substantive Issues
N/A		

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STOP HERE

Dear Ethics Office,

Please see my answers in red below.

Questions:

1. Do you have any residual equity interests in DocuSign? For example, does your DocuSign 401(k) contain DocuSign stock, bonds, phantom shares, or option?
 - a. Yes, I have approximately \$5,000 in stock in DocuSign.
2. Does your DocuSign 401(k) contain any other reportable assets like sector mutual funds or stocks or bonds issued by single companies?
 - a. I also have a few mutual funds, but they are all broad-based index funds that I believe are diversified.
3. Please share the current value of your holding in FDHT. This is a sector mutual fund which may produce a potential conflict of interest and we need the value to determine if a regulatory exemption applies or if you might need to sell your interest in the fund.
 - a. The current value of my interest in FDHT is \$32,600
4. Please share the current value of your Alphabet and Amazon stocks. We need to determine if they qualify for a regulatory exemption and that effects how we will monitor for conflicts of interest.
 - a. The current value of my Alphabet shares is \$17,000, and Amazon is \$11,000
5. Please complete the attached form to begin the approval process for outside employment/activities.
 - a. Please find my form attached.

Thanks,

Naomi

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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

STOP HERE

Dear Ethics Office,

Please see my answers in red, below.

-R

Dear Rory,

Thank you for reviewing the financial disclosure report filed by Naomi Guzman. We would like your input on the likelihood that Naomi will be assigned to certain matters so we can properly identify necessary remedies for potential conflicts of interest.

Questions:

1. Do you reasonably anticipate that Naomi will be involved in AMH work that would involve or affect DocuSign? If so, would holding Naomi out of that work adversely affect the work of AMH?
 - a. Yes, DocuSign are a major stakeholder in several of our telehealth initiatives, and Naomi's work on these initiatives is vital. Naomi doesn't work there anymore, why would this be a problem? That this might be an issue is very concerning.
2. Do you reasonably anticipate that Naomi will be involved in AMH work that would involve or affect Alphabet (Google)? If so, would holding Naomi out of that work adversely affect the work of AMH?
 - a. Not immediately. I did attend a webinar a few days ago about Google's plans to enter the telehealth and healthcare administration space, so I could see Google becoming an important stakeholder in the relatively near future.
3. Do you reasonably anticipate that Naomi will be involved in AMH work that would involve or affect Amazon? If so, would holding Naomi out of that work adversely affect the work of AMH?
 - a. We currently have a contract with Amazon for cloud IT services, but it is being run out of the CIO's office. I don't think Naomi will be needed on the contract and if she were, I have others I could assign to share the needs of the MIS office.

Thank you for your cooperation with this important matter.

V/r

Ethics Office

Date Received by Agency
May 7, 2023

Page Number

CONFIDENTIAL FINANCIAL DISCLOSURE REPORT

Executive Branch

Employee's Name (<i>Print last, first, middle initial</i>) Naomi Guzman		E-mail Address nguzma@amh.gov	
Position/Title Chief, Medical Information Security		Grade GS-15	
Agency Agency on Mental Health		Branch/Unit and Address 1234 Main Street, Washington, DC 20001	
Work Phone 555-555-5555	Reporting Status New Entrant <input checked="" type="checkbox"/> Annual <input type="checkbox"/>		If New Entrant, Date of Appointment to Position (<i>mm/dd/yy</i>) 1/23/23
Check box if Special Government Employee (SGE) <input type="checkbox"/>	An SGE is an executive branch officer or employee who is retained, designated, appointed, or employed to perform temporary duties either on a full-time or intermittent basis, with or without compensation, for a period not to exceed 130 days during any consecutive 365-day period.		
If an SGE, Mailing Address (<i>Number, Street, City, State, ZIP Code</i>)			

Step 1: Read the instructions for Parts I through V on the following pages.

Step 2: For each statement below, check Yes or No to describe your situation.

I. I have reportable assets or sources of income for myself, my spouse, or my dependent children.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
II. I have reportable liabilities (debts) for myself, my spouse, or my dependent children.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
III. I have reportable outside positions for myself.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
IV. I have reportable agreements or arrangements for myself.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
NOTE: Statement V is for <u>annual</u> filers only. It does not apply to new entrants and SGEs. V. I have reportable gifts or travel reimbursements for myself, my spouse, or my dependent children.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Step 3: If you selected Yes for any statement, you must describe the reportable interests that you have in the corresponding Part (I, II, III, IV, or V) of the form.

Step 4: Sign and date the form.

Step 5: Submit the completed form to your ethics office.

I certify that the statements I have made on this form and all attached statements are true, complete, and correct to the best of my knowledge.

Signature of Employee <i>Naomi Guzman</i>	Date (<i>mm/dd/yy</i>) 4/25/2023
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FOR REVIEWERS' USE ONLY:

On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations, except as noted in the "comments" box below.	
Signature and Title of Supervisor/Other Intermediate Reviewer (<i>if required by the agency</i>)	Date (<i>mm/dd/yy</i>)
E-mail Address	Phone Number
Signature and Title of Agency's Final Reviewing Official	Date (<i>mm/dd/yy</i>)
Comments of Reviewing Officials	
(Check box if continued on additional page <input type="checkbox"/>)	

Employee's Name (Print last, first, middle initial) Naomi Guzman	Page Number
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Part I: Assets and Income

Report for Yourself, Spouse, and Dependent Child:	Do Not Report:
<ul style="list-style-type: none"> Assets held for investment or the production of income that ended the reporting period with a value greater than \$1,000. In addition, annual filers must report assets from which more than \$1,000 in income was received during the reporting period. Reportable assets include, but are not limited to: <ul style="list-style-type: none"> Assets such as stocks, bonds, annuities, trust holdings, partnership interests, life insurance, investment real estate, or a privately-held trade or business Sector mutual funds: those funds invested in a particular industry, business, or location, such as ABC Electronics Fund or XYZ Canada Fund (report the full name of the fund, not just the family fund name) Holdings of retirement plans, such as 401(k)s or IRAs, investment life insurance, or variable annuities (report each holding unless listed in the Do Not Report section) Defined benefit pension plans provided by a former employer (include the name of the employer) 	<ul style="list-style-type: none"> Federal Government retirement benefits Thrift Savings Plan Certificates of deposit, savings or checking accounts Term life insurance Money market mutual funds and money market accounts Your personal residence, unless you rent it out U.S. Government Treasury bonds, bills, notes, and savings bonds Diversified mutual funds, such as ABC Equity Value Fund or XYZ Large Capital Fund Diversified funds within an employee benefit plan Money owed to you, your spouse, or dependent child by a spouse, parent, sibling, or child
Also Report:	Do Not Report:
<ul style="list-style-type: none"> <u>For yourself:</u> (1) all sources of salary, fees, commissions, and other earned income greater than \$1,000, (2) honoraria greater than \$1,000, and (3) other non-investment income such as scholarships, prizes, and gambling income greater than \$1,000 <u>For your spouse:</u> (1) all sources of salary, fees, commissions, and other earned income greater than \$1,000, and (2) honoraria greater than \$1,000 	<ul style="list-style-type: none"> Dependent child's earned income Veterans' benefits Federal Government salary Social Security benefits

Important Definitions

Diversified Mutual Fund – A mutual fund that does not have a stated policy of concentrating its investments in one industry, business, or single country other than the United States.
Sector Mutual Fund – A mutual fund that concentrates its investments in an industry, business, single country other than the United States, or bonds of a single state within the United States.
Diversified Fund within an Employee Benefit Plan – An employee benefit plan fund that has a written policy of varying investments without concentration in one industry, business, or single country other than the United States.
Dependent Child – A son, daughter, stepson or stepdaughter who is either unmarried and under age 21 and living in the filer's house, or considered dependent under the U.S. tax code.

Reportable Information – Go to the last page to see examples of how to report assets and income.

Specific stock, bond, sector mutual fund, type/location of real estate, etc. (Indicate the full name of each specific asset or investment. You may add the ticker symbol to the full name.) Name of Employer or Business; Source of Fees, Commissions, or Honoraria (Include brief description.) You may distinguish any entry for a family member by preceding it with S for spouse, DC for dependent child, or J for jointly held.	No longer held
¹ DocuSign (salary)	<input checked="" type="checkbox"/>
² FDHT	<input type="checkbox"/>
³ Alphabet (GOOGL)	<input type="checkbox"/>
⁴ AMZN	<input type="checkbox"/>
⁵ DocuSign 401(K): DocuSign Stock	<input type="checkbox"/>

Employee's Name (<i>Print last, first, middle initial</i>)	Page Number
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Part I: Assets and Income
Continuation Page

Specific stock, bond, sector mutual fund, type/location of real estate, etc. (<i>Indicate the full name of each specific asset or investment. You may add the ticker symbol to the full name.</i>) Name of Employer or Business; Source of Fees, Commissions, or Honoraria (<i>Include brief description.</i>) You may distinguish any entry for a family member by preceding it with S for spouse, DC for dependent child, or J for jointly held.	No longer held
1	<input type="checkbox"/>
2	<input type="checkbox"/>
3	<input type="checkbox"/>
4	<input type="checkbox"/>
5	<input type="checkbox"/>
6	<input type="checkbox"/>
7	<input type="checkbox"/>
8	<input type="checkbox"/>
9	<input type="checkbox"/>
10	<input type="checkbox"/>
11	<input type="checkbox"/>
12	<input type="checkbox"/>
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14	<input type="checkbox"/>
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16	<input type="checkbox"/>
17	<input type="checkbox"/>
18	<input type="checkbox"/>
19	<input type="checkbox"/>
20	<input type="checkbox"/>

Employee's Name (<i>Print last, first, middle initial</i>)	Page Number
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Part II: Liabilities

Report for Yourself, Spouse, and Dependent Child:	Do Not Report:
<ul style="list-style-type: none"> If you are a new entrant filer, liabilities that exceeded \$10,000 at the end of the reporting period If you are an annual filer, liabilities that exceeded \$10,000 during the reporting period 	<ul style="list-style-type: none"> Any liability, such as a mortgage, a student loan, or a credit card account, from a financial institution or business entity granted on terms made available to the general public Loans secured by automobiles, household furniture, or appliances, unless the loan exceeds the purchase price of the item it secures Liabilities that you owe to your spouse or to the parent, sibling, or child of you, your spouse, or your dependent child

Reportable Information – Go to the last page to see examples of how to report liabilities.

Name of creditor (<i>include city and state where creditor is located</i>)	Type of liability (<i>personal loan, margin account, etc.</i>)
1	
2	

Part III: Outside Positions

Report for Yourself:	Do Not Report:
<ul style="list-style-type: none"> All positions outside the U.S. Government held at any time during the reporting period, whether or not you were compensated and whether or not you currently hold that position. Positions include an officer, director, employee, trustee, general partner, proprietor, representative, executor, or consultant of any of the following: <ul style="list-style-type: none"> Corporation, partnership, trust, or other business entity Non-profit or volunteer organization Educational institution State or Local Government 	<ul style="list-style-type: none"> Any position with a <ul style="list-style-type: none"> Religious entity Social entity Fraternal entity Political entity Any position held by your spouse or dependent child Any position that you hold as part of your official duties

Reportable Information – Go to the last page to see examples of how to report outside positions.

Organization (<i>include city and state where organization is located</i>)	Type of organization	Position	No longer held
1 DocuSign	Technology Corporation	Marketing Liason, Medical Stakeholders	<input checked="" type="checkbox"/>
2 Autism Society of America	Non-Profit	Consultant	<input type="checkbox"/>
3			<input type="checkbox"/>
4			<input type="checkbox"/>
5			<input type="checkbox"/>
6			<input type="checkbox"/>

Employee's Name (<i>Print last, first, middle initial</i>) Naomi Guzman	Page Number
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Part IV: Agreements or Arrangements

Report Your Agreements or Arrangements for:	Do Not Report:
<ul style="list-style-type: none"> Continuing participation in an employee pension or benefit plan maintained by a current or former employer A leave of absence Future employment, including date you accepted employment offer Continuation of payment by a current or former employer (including severance payments) 	<ul style="list-style-type: none"> Any agreement or arrangement related to your employment by the Federal Government Spouse's and dependent child's agreements or arrangements Continuing participation in a defined contribution plan, such as a 401(k) plan, to which an employer is no longer making contributions

Reportable Information – Go to the last page to see examples of how to report agreements and arrangements.

Entity with which you have an agreement or arrangement (<i>include city and state where entity is located</i>)	Terms of Agreement or Arrangement
¹ DocuSign	I maintain a 401(k) from my former employer. DocuSign no longer makes contributions.
²	
³	
⁴	

Part V: Gifts and Travel Reimbursements

Fill out this part only if you are filing an Annual Report. If you are a new entrant or an SGE, skip this part.

Report for Yourself, Spouse, and Dependent Child:	Do Not Report:
<ul style="list-style-type: none"> Any gifts or travel reimbursements (items such as lodging, transportation, and food) totaling more than \$415* from any one source during the reporting period; include where you traveled, the purpose, and date(s) of the trip for travel gifts and reimbursements <p>*If you received more than one gift from one source:</p> <ol style="list-style-type: none"> Determine the value of each item you received from that source Ignore each item valued at \$166 or less Add the value of those items valued at more than \$166; if the total is more than \$415, then you must list those items on this form 	<ul style="list-style-type: none"> Anything received from relatives, the U.S. Government, D.C., state, or local governments Bequests and other forms of inheritance Gifts and travel reimbursements given to your agency in connection with your official travel Gifts of hospitality (food, lodging, entertainment) at the donor's residence or personal premises Anything received by your spouse or dependent child totally independent of their relationship to you

Reportable Information – Go to the last page to see examples of how to report gifts and travel reimbursements.

Source	Description
¹	
²	
³	

Small Group Communication Exercise: Confidential Financial Disclosure Remedies

Instructions:

1. In your small groups, review the corrected OGE form 450 filed by Naomi Guzman and the responses to the follow-up questions to Rory Singh-Smith and Naomi Guzman, and then create a plan or plans for preventing conflicts of interest and other ethics concerns. You may refer to this list of [available remedies and exemptions](#).
2. Create a strategy for a meeting or meetings with Rory and Naomi to present your plan(s) and to negotiate a mutually acceptable resolution to the potential conflicts and appearance issues.
3. In your next small group time you will present your plans to Rory and Naomi in the meeting format of your choosing. You may meet with them together, separately, or both as you prefer.
4. After your meeting, you each will draft a cautionary memo memorializing the agreed-upon plan for avoiding conflicts of interest and other ethics concerns. You may use the [OGE Ethics Agreement Guide](#) for model format and language.

Note: You will be evaluated and receive feedback on your plans, your approach to the meeting(s), and your cautionary memos.

Small Group Exercise: Improving Communications in the Confidential Financial Disclosure Program

Naomi Guzman filed her OGE form 450 well after the filing deadline. If the facts had been slightly different, we could have had a serious problem on our hands. In this exercise, work together with your small groups to create a plan to improve communications with new hires that will help uncover and prevent conflicts of interest.

Part 1: Request to File: Develop a communications strategy to more effectively encourage new employees to file. You should draft communications using **Monroe's Motivated Sequence**, identify appropriate officials to deliver those communications, and develop a plan for when those communications will be made.

Part 2: Leveraging Initial Ethics Orientation: For many employees, the only ethics intervention they are required to receive is Initial Ethics Orientation. And for filers, this is often the first intervention they receive. In your groups, create a module that can be used during an Initial Ethics Orientation briefing that can help employees identify potential conflicts of interest themselves and seek help from the ethics office if/when they identify potential conflicts.

Next plenary session, each group will have an opportunity to present their results.

REQUEST FOR APPROVAL OF OUTSIDE ACTIVITY

Part I - EMPLOYEE INFORMATION

1. EMPLOYEE'S NAME (Last, First, MI)		
Naomi Guzman		
2. AGENCY/PROGRAM (Address)	3. TELEPHONE & E-MAIL	
1234 Main Street, Washington, DC	Phone: 555-555-5555 E-Mail: nguzma@amh.gov	
4. TITLE OF POSITION	5. GRADE/STEP	6. SALARY
Chief, Medical Information Security	GS-15	\$ 145,758
7. FINANCIAL DISCLOSURE FILING STATUS	<input type="checkbox"/> Public (SF 278) <input checked="" type="checkbox"/> Confidential (OGE 450 or other)	
8. NAME OF IMMEDIATE SUPERVISOR	9. SUPERVISOR'S TELEPHONE, & E-MAIL	
Rory Singh-Smith	Phone: 555-555-5555 E-Mail: rsing@amh.gov	

Part II - OUTSIDE ACTIVITY INFORMATION

- i. **Nature of Outside Activity** : Indicate the type of activity for which you request prior approval, and describe the specific duties or services to be performed:

- a. ☐ **Teaching, Speaking, Writing or Editing*** (See note in section b below) ☐ **Board Service**
- ☒ **Professional or Consultative Activity** (Complete section c below) ☐ **Expert Witness**
- ☐ **Other (explain):**

- b. **Describe in detail specific duties or services to be performed:**

I currently consult with the Autism Society of America. In this role I provide technical expertise to help with IT administration, I draft policies and procedures for ASA, I train ASA employees and volunteers on business processes and IT systems, and help desing digital fundraising campaigns.

*For activities involving teaching, speaking, or writing, provide a syllabus, outline, summary, synopsis, draft, or similar description of the content and subject matter involved in the course, speech, or written product (including, if available, a copy of the text of any speech)

- c. **Professional or Consultative Activity:** Complete this section if you will provide personal services directly to multiple clients, customers, or others.

1. **Type of Activity/Business:**

Consulting for Non-profit

2. **Will you be self-employed/sole proprietor?**

☒ **Yes** ☐ **No**

3. **Identify any partners or others with whom you will provide services:**

None

4. **Estimate the total number of clients, customers, or others, to whom you would provide services during the activity period:**

1

ii. **Outside Employer**

a. **Name and address of outside employer:**

Autism Society of America
6110 Executive Boulevard, Suite 305, Rockville, Maryland 20852

b. **Nature of business:**

Non-profit

c. **Contact person, phone number, and email:**

B. Knowles, XXX.555.5555
bknowles@asa.org

iii. **Compensation and Related Expenses**

a. **Compensation**

1. **Will the activity be compensated?**

☒

Yes

☐

No

2. **Method or basis of compensation** (Check all that apply):

☒

Fee

☐

Honorarium

☐

Retainer

☐

Salary

☐

Advance

☐

Royalty

☐

Stock

☐

**Stock
Options**

☐

Other (Describe):

☐☐

Non-Travel Related Expenses (Describe):

3. **Compensation amount** (Estimated):

\$55,000/yr

4. **Is Payor the same source as the employer identified above?**

☒

Yes

☐

No (Explain):

- b. Travel and related expenses:** Indicate whether travel is involved, and if so, whether the related expenses will be at your own expense or provided by the outside employer either in-kind or through reimbursement.

1. Will outside activity require travel?

☒ **Yes** (Check one): ☐ **At own expense** ☒ **In-kind or reimbursed**
☐ **No**

2. If employer is providing travel related benefits, please describe those benefits:

The Society will pay for any travel and lodging expenses associated with training its employees and volunteers.

- c. Time:** Provide details with respect to the duration of the activity.

1. Duration of activity: From: To:

2. Estimated time devoted to the proposed activity

(e.g. hours/day; days/week; weeks/year):

Approximately 15 hours/week developing work product and training employees and volunteers, plus one full week for the ASA retreat.

3. Will work be performed entirely outside of your normal official duty hours?

☐ **Yes** ☒ **No**

If “no,” estimate number of hours/days of leave:

7-14 days per year.



Outside Activity Analysis Sheet

Name of Employee: Naomi Guzman
Position: Chief, Medical Information Security










Proposed Outside Activity: Consult with the Autism Society of America










I. Ethics Review Conclusions








- ☐ Request may be approved
- ☐ Request may be approved subject to conditions noted in Comments section below
- ☐ Request must be denied for reasons noted in Comments section below

II. Comments

III. Legal Analysis

Applicable Authority	Analysis, Key Questions, Additional Information
<p>18 USC 203 Compensation for representational services before the US</p> <p> 203 likely an issue</p> <p> 203 is a risk</p> <p> 203 not likely an issue</p>	
<p>18 USC 205 Representation on behalf of 3rd party before US</p> <p> 205 likely an issue</p> <p> 205 is a risk</p> <p> 205 not likely an issue</p>	
<p>18 USC 208 Conflicting Financial Interest</p> <p> 208 likely an issue</p> <p> 208 is a risk</p> <p> 208 not likely an issue</p>	

Applicable Authority	Analysis, Key Questions, Additional Information
<p>18 USC 209 Supplementation of Salary</p> <p> 209 likely an issue</p> <p> 209 is a risk</p> <p> 209 not likely an issue</p>	
<p>5 CFR 2635.201-205 Gifts from Outside Sources</p> <p> Gifts likely an issue</p> <p> Gifts are a risk</p> <p> Gifts not likely an issue</p>	
<p>5 CFR 2635.502 Impartiality</p> <p> .502 likely an issue</p> <p> .502 is a risk</p> <p> .502 not likely an issue</p>	

Applicable Authority	Analysis, Key Questions, Additional Information
<p>5 CFR 2635.702-705 Misuse of Position</p> <p> .702 likely an issue</p> <p> .702 is a risk</p> <p> .702 not likely an issue</p>	
<p>5 CFR 2635.802 Conflicting Outside Employment and Activities</p>	<p>If 208 and/or .502 analyses result in  then .802 should be considered.</p>
<p>5 CFR 2635.805 Service as an Expert Witness</p>	<p>Not applicable</p>
<p>2635.807 Teaching, Speaking and Writing</p> <p> .807 likely an issue</p> <p> .807 is a risk</p> <p> .807 not likely an issue</p>	
<p>5 CFR 2635.808 Fundraising Activities</p>	<p>Not applicable</p>